

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4634AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2009
NAME OF PROVIDER OR SUPPLIER VILLAGGIO SENIOR RESIDENCE INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3858 MOONGATE CIRCLE LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on November 3, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons. The census at the time of the survey was six. Complaint #NV00023461 was substantiated. See Tag Y253 The following deficiencies were identified:	Y 000		
Y 253 SS=I	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 11/3/09, the facility failed to provide at least a 2-day supply of fresh food and at least a 1 week supply of	Y 253		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 253	Continued From page 1 canned food in the facility for six residents. The refrigerator had a one gallon container of milk containing less than 1 cup of milk. There were five eggs in the vegetable bin. No fresh fruits or vegetables were observed in the facility at the time of survey. The freezer section of the refrigerator in kitchen was nearly empty (one shelf contained several packages of frozen meat, all the remaining shelves were empty). The freezer in the garage was empty except for one shelf containing 5-6 loaves of bread and several bottles of water. The kitchen cupboard contained multiple packages of Kraft Instant Macaroni & Cheese and several cans of baked beans. Employee #3 stated in interview that she needed to go to the store but had been delayed due to illness. Severity: 3 Scope: 3	Y 253			
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Surveyor: 28384	Y 274			

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Y 274	<p>Continued From page 2</p> <p>Based on observation and interview on 11/3/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days.</p> <p>Employee #2 was unable to accurately describe menu items for 11/2/09 and 11/3/09.</p> <p>Employee #2 stated dinner on 11/2/09 was macaroni & cheese (the posted menu was baked ham).</p> <p>On 11/3/09, 3 of 3 meals were inconsistent with menu description. Employee #2 acknowledged facility was not following the menu and not documenting substitutions.</p> <p>Severity: 1 Scope: 3</p>	Y 274			

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